FISCAL YEAR 2022 DISABLED VETERANS TAX EXEMPTION

The applicant will need to document:

**SERVICE CONNECTED DISABILITY:** Certification of a service-connected disability or death from the U.S. Department of Veterans Affairs

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2021

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2021. Veteran must also have been domiciled in Massachusetts for at least 6 consecutive months before entering military service or lived in Massachusetts for at least 5 consecutive years before the tax year begins.

➢ **HOW TO COMPLETE THE APPLICATION:**

1: Fill out Sections A, B, and C
2: Attach disability letter from U.S Department of Veterans Affairs dated for current fiscal year
3: Attach all supporting documentation

**CHECK LIST**

☐ Disability letter from U.S Department of Veterans Affairs dated for current fiscal year
☐ DD 214 (First Year only)
☐ Surviving spouse or parent of qualifying Veteran – Death certificate (first year only)
☐ Proof of occupancy of home in Revere as of July 1, 2021 (Voter registration, 2 utility bills,)
☐ Trust documents and Affidavit of Trust if home is in a trust
☐ Completed Application

Submit completed application to: Revere Assessor’s Office
281 Broadway
Revere, MA 02151

**Filing deadline for Fiscal Year 2022 is April 1, 2022**
State Tax Form 96-4
The Commonwealth of Massachusetts

CITY OF REVERE

VETERAN

FY 2022 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

This application is not open to public inspection (GL Chapter 59, Section 60). It must be filed with the Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for Fiscal Year if later. Filing this form does not stay the collection of your taxes.

INSTRUCTIONS: Complete all sections fully. (Please print or type.)

A: IDENTIFICATION.

Name of Applicant: _______________________________ Marital Status: ________

Social Security No. (optional): ___________________ Tel No.: ________________

Legal Residence (Domicile) on July 1, 2021: ________________________________

Mailing Address (if different): ____________________________________________

Location of Property: _______________________________ No. of Dwelling Units: ______

Did you own the property on July 1, 2021? ___Yes ___No

If yes, were you ___Sole Owner ___Co-Owner with Spouse only ___Co-Owner with others

Was the Property subject to a trust as of July 1, 2021? ___Yes ___No

(if yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? ___Yes ___No

If yes, name of City or Town_____________________ Amount exempted $________

B. EXEMPTION STATUS.

Please check the status that applies to you and answer the questions that follow

____ Veteran

____ Veteran's Spouse Veteran's Name __________________________

____ Veteran's surviving spouse/parent Deceased Veteran __________________________

(If first year of application, attach copy of death certificate)
B. EXEMPTIONS STATUS (continued).

Date enlisted/inducted: ____________ Date discharged: ____________

Type of discharge: ____________________________________________
   (If first year of application, attach copy of discharge papers)

Military decorations or awards: __________________________________

Did the veteran live in Massachusetts at least 6 months prior to entering the service? Yes ___ No
   If no, list the places and dates where the veteran was domiciled during the last 6 years

   Address             Dates
   ____________________  __________
   ____________________  __________
   ____________________  __________

Was the veteran killed during military service? _____ Yes _____ No
   If yes, date of death. ______________________________
   If yes, and you are surviving spouse, have you remarried? Yes ___ No

Does the veteran have a war-service connected disability? _____ Yes _____ No
   If yes, enter type of injury and percentage of disability and attach Veterans Administration Certificate.
   ____________________________________________________

Has the veteran acquired "specially adapted housing"? _____ Yes _____ No

Is the veteran capable of working? _____ Yes _____ No

Is the veteran a paraplegic _____ Yes _____ No

C. SIGNATURE: sign here to complete the application.
This application has been prepared or examined by me. Under the pains and penalties of
perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents
are true, correct and complete.

_________________________        ____________
   Your Signature              Date

If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.